

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:35 am, Apr 29, 2015

Complete this report at the time of the regular Complete this report whenever the instrume Retain the original and send a copy within 1	nt is serviced or repaired and	l whenever it is plac		
1	ccy ew Police Department ,		04/16/2015	
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 Main St, Grandview, MO 64030			пме оf Inspection 06:32:01	
CHECKLIST: Place a mark in the box by eavalues where determined). Unmarked items	ich item if found to be satisfa must be corrected before us	ctory or is operating ing instrument.	within established limits. (W	/rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>04/16/2015 06:32</u>	:03_	DETECTOR		,
☑ PROGRAM		X FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2		
☑ BREATH TUBE 45.1°C		X FILTER 3	The state of the s	
⊠ PUMP	PUMP INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANI	DARDS			
☐ SIMULATOR STANDARD	ĵ	COMPRESSED	ETHANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETE	ERLOT#_	AG400604	EXP. DATE <u>01</u> ,	/06/2016
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP DATI	
<ul> <li>☑ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All thre of .005 or less. Mark the box correspond</li> <li>☑ 0.10% STANDARD - MUST REA</li> <li>☑ 0.08% STANDARD - MUST REA</li> <li>☑ 0.04% STANDARD - MUST REA</li> </ul>	ding to the standard being us AD BETWEEN 0.095% AND AD BETWEEN 0.076% AND	ed. ) 0.105% INCLUSIV ) 0.084% INCLUSIV	/E /E	
TEST 1: 0,077	TEST 2: 0.077		TEST 3: 0.077	
PERFORM R.F.I. TEST			,	
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENANC	DE REPORT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0
JST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR I ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MODIFICATION THAT WAS MADE TO RE	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AND	WITHIN
NSPECTING OFFICER	F	PRINTFULL NAME BRANDON P GF	RANTHAM	
YPE II PERMIT NULYER 230221	EXP.RATION DATE 10/17/2015	TELEPHONE N 816-316		
ETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901				



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## **Certificate of Analysis**

**Customer Name** 

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 7-Jan-2014

Lot # AG400604

Exp. Date 6-Jan-2016 Cyl. Type 108 <u>Component</u>

**Certified Concentration** 

0.080 ± 0.002 BrAC (208 ppm)

Ethanol Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:** 

**NDIR** 

Analyst:

Pod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

## **BRANDON GRANTHAM**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE10/17/2013	10/17/2013	wante			
	AVI A I I AV A A	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER	230221	Dal Vasterly			
EXPIRES	10/17/2015	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
		FATE 4 (DC 40)			

MO 580-0771 (6-10)

LAB-4 (R6-10)

